Thank you for your interest in the Graduate School of Theology at OC. Applications from non U.S. residents and citizens are processed through the Office of International Programs.

Submit a GST Application for Admission with a USD $25 non-refundable application fee. Apply online at www.oc.edu/apply.

Send complete, official transcripts of all university studies proving academic eligibility for the program. Only students with the documented equivalence of a U.S. bachelor’s degree can be admitted into the Graduate School of Theology program. All official documents issued in a foreign language must have an official English translation attached.

Submit an original, approved WES Comprehensive Course-by-Course Evaluation of all degrees received from universities outside of the United States. See the WES Requirement and the World Educational Services website: www.wes.org.

Submit an essay describing your ministry goals and the reasons you would like to pursue graduate studies at the Graduate School of Theology at Oklahoma Christian University.

Ask three of your professors or employers to write and send recommendation letters on your behalf.

Non U.S. citizens who did not graduate from a U.S. university must submit a minimum English proficiency test score. The following tests and minimum scores are acceptable:

- **TOEFL**
  - 550 PBT or higher
  - 79 IBT or higher

- **IELTS**
  - 6.5 or higher

- **TOEIC**
  - 750 or higher

Applicants who are unable to submit a minimum English proficiency test score may be eligible for admission to OC’s ESL program, the Language and Culture Institute (LCI). For more information about LCI, please contact Mr. Lj Littlejohn at lj.littlejohn@oc.edu.

Send financial documentation that they have the ability to pay for one full academic year. Please submit:

- Completed GST Financial Worksheet
- Original bank statements or letters with a balance of at least USD $15,074. This amount includes two semesters of courses (9 credit hours each), tuition, fees, books, and living expenses.
- Confirmed GST scholarships, which may be awarded by submitting the GST Scholarship Application Form.

Send the following financial documents, if they are applicable to your situation:

- An Affidavit of Support is required if an applicant is being supported by a sponsor other than parents.
- A Dependent Data Form is required if an applicant has a husband, wife or children who plan to come to the United States come with them.

Read, sign, date and send the GST Statement of Understanding.

Submit copies of passport pages, visa pages, I-94 card (front and back), and all previous I-20’s.

Complete OC’s Health Form and send either an Immunization Record or a completed immunization waiver. Students enrolled at OC are automatically added to the university’s student health insurance policy.

The Transfer Release Form must be submitted by students transferring from a U.S. university. Before an I-20 will be issued by Oklahoma Christian University this form must be completed by the university that issued the applicant’s most recent I-20.

If you currently hold permanent residence in the United States, submit a copy of your green card with your application. Depending on your native language and length of time spent studying in the U.S. some or all of the above requirements may still apply.

If you currently hold an H-1B visa, submit a letter from your H-1B employer with your application, stating that you have permission to study. Depending on your native language and length of time spent studying in the U.S., some or all of the above requirements may still apply.
Review the following I-20 cost estimates and indicate the sources of income with which you plan to pay for your education at Oklahoma Christian University.

<table>
<thead>
<tr>
<th>family name / surname</th>
<th>first / given name</th>
<th>middle name(s)</th>
</tr>
</thead>
</table>

I-20 Cost Estimates For The Graduate School of Theology, 2011-2012

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees (18 hours)</td>
<td>$7,200</td>
</tr>
<tr>
<td>Books</td>
<td>$1,000</td>
</tr>
<tr>
<td>Required health insurance</td>
<td>$874</td>
</tr>
<tr>
<td>Estimated actual costs</td>
<td>$9,074</td>
</tr>
<tr>
<td>Living expenses for 1 year</td>
<td>$6,000</td>
</tr>
<tr>
<td>Amount indicated on I-20</td>
<td>$15,074</td>
</tr>
</tbody>
</table>

* $25 application fee, $50 graduation fee, and summer tuition costs are not included in the above cost estimates.

How do you plan to provide funds?

1. Please write below the amount in U.S. dollars available from you, your family, Oklahoma Christian University or another source.

   - Personal funds of student
   - Family funds
   - Guaranteed institutional scholarship from GST: $135 per credit hour, $2430
   - Other confirmed scholarships from GST
   - Specify type
   - Funds from another source
   - Specify type
   - TOTAL (must equal Total Expenses above)

2. Send an original bank statement or letter that indicates a balance of at least $15,074. If your funds will be provided from “another source,” you must send an Affidavit of Support from that source stating that they are willing to pay and have the ability to pay. That source must send their original bank statements or letters. This financial documentation must be in U.S. dollars. All bank statements and letters should be in English, and notarized or officially sealed.

When to pay?

The full amount per semester is due on or before the first day of classes each semester. Other living expenses and health insurance are in addition to this cost.

By my signature below I agree to pay the full amount at the beginning of each semester enrolled.

Applicant’s Signature

Date
This form is for applicants who have a sponsor (other than parents) supporting them financially.

**Applicant**, if you have a sponsor, he or she should complete this entire form. A sponsor is someone other than your parents who will be supporting you financially to study at Oklahoma Christian University.

**Sponsor**, please remember:
1. Along with the Affidavit of Support for International Applicants, you must also include an official, dated bank statement or letter. These documents must be in English or English translations must be attached.
2. A bank letter should state your name, the letter should be signed and stamped by a bank official, and the balance should reflect the required minimum for an academic year at OC, as indicated on the applicant’s Financial Worksheet.
3. An original bank statement should clearly state that the account balance reflects the required minimum for an academic year, as indicated on the applicant’s Financial Worksheet.
4. Oklahoma Christian University does not accept investment account statements, faxed copies, or photocopies of bank documents.

| Name of Applicant (as it appears on passport) |
| Name of Sponsor |
| Sponsor’s relationship to Applicant |
| Address |
| Email address |
| Telephone Numbers |
| Work | Home | Fax: |

As the Sponsor for (Applicant’s name) I understand that the Applicant must submit proof of funding for one year of educational expenses at Oklahoma Christian University, as seen on the Applicant’s **Financial Worksheet**. I, the Sponsor am providing the funds indicated below for the educational expenses of this Applicant. If Oklahoma Christian University’s Student Financial Services Office holds an overdue account for this student, the Financial Services Office is authorized to bill me directly for any outstanding tuition, required fees, university housing costs, and meal plan costs.

**I UNDERSTAND AND AGREE THAT THIS PROMISE IS BINDING.**

I hereby guarantee to provide the following amount of money to pay for the Applicant’s for one academic year of educational expenses associated with this student’s studies at Oklahoma Christian University:

**USD$**

This amount should - along with the Applicant’s bank statements and any confirmed scholarships - allow the Applicant meet the required minimum for the current academic year (see **Financial Worksheet**).
This form is for applicants who have a spouse or children who plan to come to the United States with them.

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td></td>
</tr>
<tr>
<td>Given Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name(s)</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Family Name/Surname</td>
<td></td>
</tr>
<tr>
<td>City, State or Province, Postal Code and Country</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single</td>
</tr>
</tbody>
</table>

### DEPENDANT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse's Name</td>
<td></td>
</tr>
<tr>
<td>Given Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name(s)</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Family Name/Surname</td>
<td></td>
</tr>
<tr>
<td>City, State or Province, Postal Code and Country</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship</td>
<td></td>
</tr>
<tr>
<td>Country of Birth</td>
<td></td>
</tr>
<tr>
<td>Is spouse currently living in the U.S.?</td>
<td>Yes</td>
</tr>
<tr>
<td>Current U.S. Address</td>
<td></td>
</tr>
<tr>
<td>Country of Birth</td>
<td></td>
</tr>
</tbody>
</table>

### DEPENDENT CHILDREN'S NAMES, DATES OF BIRTH, COUNTRIES OF BIRTH AND COUNTRIES OF RESIDENCE

- Do the children listed reside at the same foreign address? yes no

Do you have any dependents who are currently in the United States? yes no

If yes, please indicate names, dates of birth and current addresses on the back of this form.

Each dependent will add $3000 to your I-20 Cost Estimates as indicated on the Financial Worksheet and the I-20 form. Financial documentation for the expenses of each dependent must be provided.

Dependents of F-1 students may not engage in full-time university study and are not allowed to work on or off campus. Health insurance must be maintained for all dependents.

Student's Signature: ___________________________ Date: __________

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Oklahoma Christian University          Office of International Programs          2501 E. Memorial Rd.          Edmond, OK 73013          USA          www.oc.edu/international
Read the following statements carefully. If you agree to abide by these guidelines and wish to be considered for admission, please sign below.

1. I understand that I must comply with all admission requirements and academic policies of the Graduate School of Theology at Oklahoma Christian University.

2. I understand that my application will be reviewed after the Office of International Programs has received all of my admission documents. If granted admission by the Graduate School of Theology at OC, my official admission letter may identify additional admission requirements or specific program requirements. All such requirements must be completed as stated in my admission letter.

3. I understand that I must attend the orientation for new international students.

4. I understand that in order to continue in the Graduate School of Theology I must maintain a GPA of 3.0.

5. I understand that I must maintain a GPA of at least 3.0 in order to continue to receive the GST Institutional Scholarship.

6. I understand that I must pay all costs on my student account on or before the first day of each term and that I will not be allowed to enroll for the next semester until my student account is paid in full.

7. I understand that if tuition fees increase while I am attending Oklahoma Christian University, I must pay the increased amount of tuition fees for each semester that follows.

8. I understand that the costs for the WES Course-By-Course Evaluation are my responsibility.

9. I understand that on campus housing for graduate students is not guaranteed. If I apply to live in the OC apartments and there is no housing available, I understand that I will be responsible for locating my own housing off campus.

10. I understand that the possession and use of tobacco on campus, and the possession and use of drugs and alcohol anywhere while I am a student at OC, are strictly forbidden and that I may be dismissed from the Oklahoma Christian University for violating these rules.

11. I understand that I am required to report to the OC Health Center for a Tuberculosis skin test and required immunizations upon arrival. Documented proof of required immunizations must be received or new immunizations will be administered at my expense. I also understand that upon enrollment, I will be added to the student health insurance through Oklahoma Christian University at my expense.

12. I understand that as a student with an F-1 visa, I can only work on campus, and that I cannot work off campus without documented proof of authorization from the United States Citizenship and Immigration Service through the Office of International Programs.

13. I understand that as a student with an F-1 visa, I am required to file a tax form each year that I am a student at OC, and that I must report any money or wages earned in the U.S. during that year.

14. I understand that as a student with an F-1 visa, I must remain enrolled in full-time study (9 hours) each semester to be in good standing with the United States Immigration and Naturalization Service, and that failure to do so will result in a violation of my F-1 visa.

If you agree to fulfill all the requirements as stated above, please sign below.

Applicant’s Signature __________________________ Date ____________

If you agree to fulfill all the requirements as stated above, please sign below.
WES REQUIREMENT INSTRUCTIONS

The WES Course-By-Course Evaluation helps Oklahoma Christian University to verify the U.S. equivalency of your courses taken, degree(s) earned, and GPA achieved. This completed evaluation must be submitted by the application deadline for each semester. Completing the WES Course-By-Course Evaluation does not guarantee admission.

WHO MUST OBTAIN THE WES EVALUATION?
You must obtain a WES Course-By-Course Evaluation if you are applying to either the GST, MBA, or MSE graduate programs and meet this description:
1. You are an international applicant
2. Your bachelor’s degree was earned in a university outside of the United States

INSTRUCTIONS TO APPLY ONLINE
1. Go online to www.WES.org/ and click on Students
2. Click on Apply Now
3. Click on ->Online application if applying for education or employment in the U.S.
4. Click on Begin USA Application (at the bottom of the page)
5. Complete the CREATE AN ACCOUNT page and click on Create an Account
6. Complete the Personal Info page
7. Complete the Your Education page
   NOTE: After you enter the country for each educational institution where you studied, you must click on “Click here to review the required documents for this credential” and then click the box below it. This link will tell you exactly what documents must be sent to WES and how to send them. You must follow the WES required documents instructions exactly when you send your educational documents.
8. Complete the Your Evaluation page
   IMPORTANT:
   • Choose either the WES ICAP Comprehensive Course-by-Course $195 option or the WES Basic Course-by-Course $160 option
   • Please read the Sending Reports section very carefully to understand how to choose between the WES ICAP and WES Basic options and to avoid extra costs!
   • Click on ADD RECIPIENT to add Oklahoma Christian University with a required $7 mailing fee. VERY IMPORTANT: If you do not add Oklahoma Christian University as a recipient when you first apply for the WES, you will be charged a USD $30 processing fee to add Oklahoma Christian University as an “additional recipient” later.
   • You will also be charged a required $7 mailing fee for a report to be sent to you.
9. Complete the Services & Fees page
   NOTE: Choose the best Turnaround Time and Delivery Options for your situation.
   • 7-Day service means that your evaluation will be completed in 7 business days from the time WES receives your payment and all of the required educational documents. You may choose a faster turnaround time, but it will cost more. In addition, faster Delivery Options will cost more.
10. Complete the Payment Info page
11. Check your order on the Review and Submit page

WES REFERENCE NUMBER
When you apply and pay, WES will assign you a 7-digit Reference Number. With this number, you can log in to WES again to check your Course-By-Course Evaluation status.

WES ONLINE STATUS
The International Programs Office will have access to your WES status only after you have applied and paid online for the evaluation and have indicated that you want a WES Course-By-Course Evaluation sent to Oklahoma Christian University.
This form is for students transferring from a university in the United States.

TO THE PROSPECTIVE STUDENT
In order to complete the transfer to Oklahoma Christian University, you must have this form completed by the last institution you were authorized by Immigration and Naturalization Service (INS) to attend. Print your name and sign below. Then give this form to your current international advisor to complete the information below the line.

I, (clearly print full name), give permission for my current university to release the information requested on this SEVIS Transfer Release Form.

Applicant’s Signature

TO THE INTERNATIONAL ADVISOR
The above named student has submitted an application for undergraduate study at Oklahoma Christian University. Please complete the following regarding the student’s ability to transfer:

The student has a current I-20 issued by our institution: yes no Completion Date:

Student’s visa type:

INS Admission Number:

SEVIS ID#:

Date of first semester/quarter/session in attendance at our institution was

Last semester the student was enrolled was . The student was enrolled in hours.

Is the student pursuing a full course of study & in good standing with INS, and therefore eligible for transfer? yes no

If no please state reason:

Is the student in good academic & financial standing? yes no If no, please state reason:

Has the student ever been reinstated? yes no If yes, when?

Has the student been granted off-campus or practical training employment? yes no

If yes, specify type(s) and dates:

Has the student been the subject of disciplinary action while in your school? yes no

If yes, briefly explain:

Signature of school official Name & Title Date

Institution Name & Address (INSTITUTIONAL SEAL)
**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Family name/surname</th>
<th>First/given name</th>
<th>Middle name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State or province</td>
<td>Postal code</td>
<td>Country</td>
</tr>
<tr>
<td>United States Social Security Number</td>
<td>Race</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Phone Number</td>
<td>Cell Phone</td>
<td>(optional)</td>
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</tbody>
</table>

**EMERGENCY NOTIFICATION INFORMATION (PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

**PERSONAL PHYSICIAN**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH HISTORY**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure (if known)</th>
</tr>
</thead>
</table>

Please rate your general health condition.

1. Physical Health
   - poor
   - fair
   - good

2. Mental Health
   - poor
   - fair
   - good

Do you have any permanent medical disability?
- yes
- no

If yes, give details
Have you ever had any type of heart disease or heart problem?  
If yes, give details below:

Have you ever had high blood pressure?  
If yes, do you take medication?  
List Medication(s) - Give name of medication, dosage and schedule of taking medication:

Have you ever had any type of cancer, leukemia or lymphoma?  
If yes, give details below:

Are you allergic to any medication?  
If yes, give details below:

Do you take any medication frequently?  
If yes, list medication(s) below:

Have you ever stayed in the hospital as a patient?  
If yes, mark reason(s):

Have you ever had any operations?  
If yes, give details below:
Mark any of the illnesses or medical problems listed below that you have ever had.

- Alcoholism
- Alzheimer's disease
- Anemia
- Anorexia Nervosa
- Appendicitis
- Asthma
- Back - slipped disc
- Back strain
- Bladder infection
- Bleeding trait
- Bronchitis
- Bulimia
- Cataract
- Cirrhosis of the liver
- Colitis - spastic
- Colitis - ulcerative
- Depression
- Degenerative arthritis
- Emphysema
- Epilepsy
- Fibrocystic breasts
- Gallbladder problem
- Glaucoma
- Gonorrhea - "clap"
- Gout
- Hay fever
- Hearing loss
- Hemorrhoids
- Hepatitis
- Hiatal hernia
- Hypoglycemia
- Infections mono
- Kidney problem
- Knee injury
- Mental illness
- Migraine headaches
- Obesity (20+ lbs. overweight)
- Ovarian cyst
- Pelvic infection
- Peptic ulcer
- Phlebitis
- Pneumonia
- Polyps in colon
- Prostate infection
- Regional ileitis
- Retinal detachment
- Rheumatoid arthritis
- Sinus trouble
- Stroke
- Suicide attempt
- Syphilis
- Thyroid problem

Describe any conditions that you have had that are not listed above:

FAMILY HISTORY

<table>
<thead>
<tr>
<th>Father</th>
<th>Age</th>
<th>State of Health</th>
<th>Occupation</th>
<th>Age of Death</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Mother</th>
<th>Age</th>
<th>State of Health</th>
<th>Occupation</th>
<th>Age of Death</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Brother(s)</th>
<th>Age</th>
<th>State of Health</th>
<th>Occupation</th>
<th>Age of Death</th>
<th>Cause of Death</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Sister(s)</th>
<th>Age</th>
<th>State of Health</th>
<th>Occupation</th>
<th>Age of Death</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Have any of your relatives ever had any of the following conditions?

- Tuberculosis
  - yes
  - no
  - relationship to you

- Diabetes
  - yes
  - no
  - relationship to you

- Kidney disease
  - yes
  - no
  - relationship to you

- Heart disease
  - yes
  - no
  - relationship to you

- Arthritis
  - yes
  - no
  - relationship to you

- Stomach disease
  - yes
  - no
  - relationship to you

- Asthma or hay fever
  - yes
  - no
  - relationship to you
IMMUNIZATION INFORMATION

2011-2012 IMMUNIZATION REQUIREMENTS FOR OC STUDENTS

STATE AND UNIVERSITY POLICIES

All students, regardless of age, must show proof of immunization for Hepatitis B (series of 3 injections given over 6 months) and MMR (measles, mumps, rubella, series of 2 injections) prior to enrollment. The only exceptions to this are if the student has a signed exemption from a licensed physician indicating that a vaccine is medically inadvisable or if the student submits a written, signed statement declaring that the administration of the vaccine conflicts with their moral or religious beliefs.

Also, all students who are first-time enrollees and are planning to live in on campus housing will be required to be vaccinated for Meningitis or sign a waiver of informed refusal. At Oklahoma Christian University, campus housing consists of all residence halls and on-campus apartments. All students, regardless of their housing, will be informed of the disease and its risks.

These immunizations are mandated by Oklahoma Senate Bill 787 and affect all students attending public and private colleges and universities in the state.

All required immunizations are available at Oklahoma Christian University’s Health Center. The Hepatitis B and MMR vaccines, and the Tuberculosis test are provided by most physicians’ offices and at health departments. The costs of the immunizations may vary, but will be offered at the lowest cost possible at the OC Health Center.

An Immunization Form will be sent to you and should be completed by your health care provider. Immunization records from foreign countries must include an official English translation.

In addition to the required immunization record, all students must complete the OC Health Form. Students will automatically be placed on OC’s health insurance policy upon enrollment. The current cost of the 12 month policy is $874, and this cost will be added to your account upon enrollment.

The parents or guardians of applicants who are under the age of 18, must sign the OC Immunization Permission Form.

TUBERCULOSIS TESTING POLICY

The Tuberculosis Test requires proof of having been tested for TB within 6 months prior to enrolling or by the fourth week of classes, and must be updated each calendar year. The following students must comply with the Tuberculosis Testing Policy:

• Students currently holding a visa from U.S. Immigration Service
• Students who are U.S. citizens who are currently living outside the U.S. or have previously lived outside the U.S.

Students receiving a positive TB test will automatically be referred to the Oklahoma County Health Department for a chest x-ray and must comply with the recommended treatment.

IMMUNIZATION RESOURCES

The Centers for Disease Control and Prevention provides information regarding Tuberculosis, Hepatitis B, Meningitis, and MMR. You can download information about immunizations for each of these diseases:

www.cdc.gov/vaccines/pubs/vis/default.htm

The following website provides information in many languages about immunizations:

www.immunize.org/vis/#index

In addition, the American College Health Association provides information about the H1N1 Influenza Virus:

www.acha.org/Topics/H1N1flu.cfm

When you report to Oklahoma Christian University, the Health Center staff will review your Immunization Form and immunization records. If necessary, they will assist you in completing the remaining series of immunizations during your initial semester. Please understand that future enrollment at OC is subject to your compliance with this state law.

For questions regarding these requirements, contact:

Pam Ferguson
OC Student Health and Wellness Center
Tel: 405.425.5250
Email: pam.ferguson@oc.edu

www.oc.edu/services/health/immunizations.aspx

For information regarding OC’s required health insurance for international students, see:

www.AHPCare.com/oc
ATTACH COPIES OF IMMUNIZATION RECORDS OR HAVE YOUR DOCTOR COMPLETE THIS FORM. ALL INFORMATION MUST BE IN ENGLISH OR HAVE AN OFFICIAL ENGLISH TRANSLATION ATTACHED.

STUDENT’S PERSONAL INFORMATION

Student’s Full Name

family name or surname

first or given name

middle name(s)

Date of Birth

month / day / year

Student ID Number

Assigned upon admission to OC.

REQUIRED IMMUNIZATIONS REQUIRED FOR ALL ENROLLED STUDENTS:

1. MMR (Measles, Mumps, Rubella) - Two doses required
   Students born before 1957 are not required to have an MMR immunization

   Dose #1, given at the age of 12-15 months or later

   Dose #2, given at the age of 4-6 years or later, and at least one month after first dose

2. HEPATITIS B - Three doses required

   DOSE #1

   DOSE #2

   DOSE #3

REQUIRED FOR ALL FIRST TIME ENROLLED STUDENTS WHO LIVE IN ON CAMPUS STUDENT HOUSING

1. Meningalcooccal - One dose required - Quadrivalent Polysaccharide vaccine

   Students may go to the OC Health Center to sign a waiver that you have received and reviewed the information provided about Meningitis, and have chosen not to be vaccinated. If you are under the age of 18, your parent or guardian must sign the waiver.

REQUIRED TUBERCULOSIS TEST FOR ALL INTERNATIONAL STUDENTS

TEST DATE

RESULT

Month / Year

CHEST X-RAY

RESULT

Month / Year

IMPORTANT:

A CHEST X-RAY IS REQUIRED IF STUDENT RECEIVED A POSITIVE TB TEST RESULT.

DOCTOR INFORMATION

Name

Phone

City, Country

Signature

Date